



DOCKET NO. END-5123

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Paul Ritchie et al.

Serial No.: 10/723,799

Art Unit:

Filed : November 26, 2003

Examiner:

For : MEDICAL TREATMENT SYSTEM WITH ENERGY DELIVERY DEVICE FOR  
LIMITING REUSE

I hereby certify that this correspondence is being deposited with the  
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Alexandria, VA 22313-1450 on

March 17 2004

(Date of Deposit)

Linda F. Hansen

(Name of applicant, person mailing, assignee, or Registered Representative)

(Signature)

March 17 2004

(Date of Signature)

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of Paul Ritchie et al. entitled MEDICAL TREATMENT SYSTEM WITH ENERGY DELIVERY DEVICE FOR LIMITING REUSE attorney Docket No. END-5123, to complete, pursuant to Rule 51, this application filed on November 26, 2003 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/END-5123/GSG in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/ END-5123/GSG.

Respectfully submitted,

Gerry S. Gressel.

Reg. No. 34,342

Attorney for Applicant(s)

Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003  
(513) 337-3535  
Dated: March 16, 2004



Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
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|  |                          |   |  |  |  |
|--|--------------------------|---|--|--|--|
| <b>DECLARATION<br/>AND<br/>POWER OF ATTORNEY<br/>FOR UTILITY OR DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b><br><br><input type="checkbox"/> Declaration Submitted with<br>Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after<br>Initial Filing (Surcharge<br>(37 CFR 1.16(e)) required)  | Attorney Docket Number   | END-5123                                    |  |  |  |
|  | First Named Inventor     | Paul G. Ritchie et al.                      |  |  |  |
|  | <b>COMPLETE IF KNOWN</b> |   |  |  |  |
|  | Application Number       | 10/723,799                                  |  |  |  |
|  | Filing Date              | November 26, 2003                           |  |  |  |
|  | Group Art Unit           | Not Assigned                                |  |  |  |
|  | Examiner Name            | Not Assigned                                |  |  |  |
| <b>As a below named inventor, I hereby declare that:</b><br><br>My residence, mailing address, and citizenship are as stated below next to my name.<br>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:<br><br><b>MEDICAL TREATMENT SYSTEM WITH ENERGY DELIVERY DEVICE FOR LIMITING REUSE</b> ( <i>Title of the Invention</i> )<br><br>the specification of which<br><br><input type="checkbox"/> is attached hereto<br><br><b>OR</b><br><br><input checked="" type="checkbox"/> was filed on November 26, 2003 as United States Application Number or PCT International Application Number 10/723,799 and was amended on (MM/DD/YYYY) <input type="text"/><br><br>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.<br><br>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.<br><br>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. |                          |   |  |  |  |
| <b>Prior Foreign<br/>Application<br/>Number(s)</b>   | <b>Country</b>           | <b>Foreign Filing Date<br/>(MM/DD/YYYY)</b> | <b>Priority<br/>Not Claimed</b>  | <b>Certified Copy<br/>Attached?</b><br><b>YES      NO</b>                        |  |
|  |                          |   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| <input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:   |                          |   |  |  |  |



### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |  |
|-----------------------|--------------------------|--|
|                       |                          | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status                           |
|------------------------|-------------|----------------------------------|
|                        |             | Patented<br>Patented<br>Patented |

I hereby appoint:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Gerry Gressel at telephone number (513) 337-3535.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

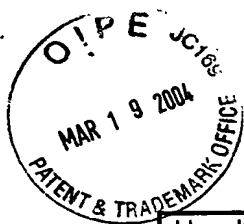
|   |          |   |                 |
|---|----------|---|-----------------|
| NAME OF SOLE OR FIRST INVENTOR:                       |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name<br>(first and middle [if any]) Paul G.     |          | Family Name<br>or Surname Ritchie   |                 |
| Inventor's Signature <i>Paul G. Ritchie</i>           |          | Date 12/9/03  |                 |
| Residence: City Loveland,                             | State OH | Country USA   | Citizenship USA |
| Mailing Address 3366 Wessex Court, Loveland, OH 45140 |          |   |                 |
| City Loveland,  | State OH | ZIP 45140   | Country USA     |

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|  |          |   |                 |
|--|----------|---|-----------------|
| NAME OF SECOND INVENTOR:                                 |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name<br>(first and middle [if any]) Robert Mason   |          | Family Name<br>or Surname Trusty  |                 |
| Inventor's Signature <i>Robert Mason</i>                 |          | Date 12/9/03  |                 |
| Residence: City Cincinnati,                              | State OH | Country USA   | Citizenship USA |
| Mailing Address 12126 Coyote Court, Cincinnati, OH 45241 |          |   |                 |
| City Cincinnati,   | State OH | ZIP 45241   | Country USA     |

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|   |          |   |                 |
|---|----------|---|-----------------|
| NAME OF THIRD INVENTOR:                                   |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name<br>(first and middle [if any]) Jane A.         |          | Family Name<br>or Surname Sheetz  |                 |
| Inventor's Signature <i>Jane A. Sheetz</i>                |          | Date Dec 10, 2003   |                 |
| Residence: City Cincinnati,                               | State OH | Country USA   | Citizenship USA |
| Mailing Address 8190 Sunburst Drive, Cincinnati, OH 45241 |          |   |                 |
| City Cincinnati,  | State OH | ZIP 45241   | Country USA     |



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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Leo

Family Name  
or Surname Samson

Inventor's  
Signature

Date

Residence: City Pleasant Hill

State CA

Country USA

Citizenship USA

Mailing Address 22 Oak Brook Place

City Pleasant Hill

State CA

ZIP 94523

Country USA



Please type a plus sign (+) inside this box ☐

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|  | First Named Inventor     | Paul G. Ritchie et al. |
|  | <b>COMPLETE IF KNOWN</b> |                        |
|  | Application Number       | 10/723,799             |
|  | Filing Date              | November 26, 2003      |
|  | Group Art Unit           | Not Assigned           |
|  | Examiner Name            | Not Assigned           |

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEDICAL TREATMENT SYSTEM WITH ENERGY DELIVERY DEVICE FOR LIMITING REUSE** *(Title of the Invention)*

the specification of which

☐ is attached hereto

**OR**

☒ was filed on November 26, 2003 as United States Application Number or PCT International Application Number 10/723,799 and was amended on (MM/DD/YYYY)

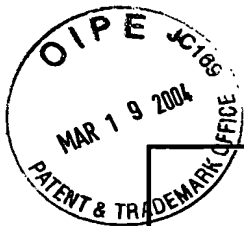
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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed   | Certified Copy Attached?<br>YES      NO   |
|-------------------------------------|---------|----------------------------------|--|---|
|                                     |         |                                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> |

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| Application Serial No. | Filing Date | Status                           |
|------------------------|-------------|----------------------------------|
|                        |             | Patented<br>Patented<br>Patented |

I hereby appoint:

|   |   |
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| <input checked="" type="checkbox"/> Practitioners at Customer Number <b>000027777</b> → | Place Customer<br>Number Bar Code<br>Label Here |
| <b>AND</b>  |   |
| <input type="checkbox"/> Practitioner(s) named below:<br><u>Name</u>                    | <u>Registration Number</u>                      |

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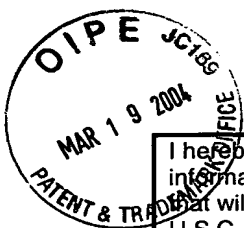
State:

ZIP

Country

Telephone:

Fax: (513) 337-8489



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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) **Paul G.**

**Family Name**  
or Surname **Ritchie**

**Inventor's**  
**Signature**

**Date**

**Residence: City** Loveland, **State** OH **Country** USA **Citizenship** USA

**Mailing Address** 3366 Wessex Court, Loveland, OH 45140

**City** Loveland, **State** OH **ZIP** 45140 **Country** USA

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) **Robert Mason**

**Family Name**  
or Surname **Trusty**

**Inventor's**  
**Signature**

**Date**

**Residence: City** Cincinnati, **State** OH **Country** USA **Citizenship** USA

**Mailing Address** 12126 Coyote Court, Cincinnati, OH 45241

**City** Cincinnati, **State** OH **ZIP** 45241 **Country** USA

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) **Jane A.**

**Family Name**  
or Surname **Sheetz**

**Inventor's**  
**Signature**

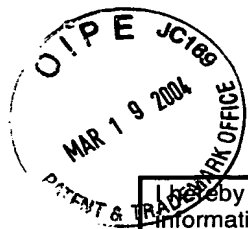
**Date**

**Residence: City** Cincinnati, **State** OH **Country** USA **Citizenship** USA

**Mailing Address** 8190 Sunburst Drive, Cincinnati, OH 45241

**City** Cincinnati, **State** OH **ZIP** 45241 **Country** USA





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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Leo

Family Name  
or Surname Samson

Inventor's  
Signature

Date 12/6/03

Residence: City Pleasant Hill

State CA

Country USA

Citizenship USA

Mailing Address 22 Oak Brook Place

City Pleasant Hill

State CA

ZIP 94523

Country USA